



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4501
FAX: (302) 739-2711
WEBSITE: WWW.DPR.DELAWARE.GOV

Board of Pharmacy

Request for Individual Program Approval

1. Individual or Sponsor Filing the Application (Name) _____
Address and R.Ph. Registration Number _____

2. Number of Credits Requested for the Program _____
3. Date of Application _____
4. Sponsoring Organization, Association, or College _____
5. Title of Program _____
6. Place, City, and State of Program _____
7. Time(s) and Date(s) of Program _____
8. Mailing Address of Individual or Sponsor _____

9. State the educational objective of this program in terms of its immediate purpose based on the program content and its relationship to the contemporary practice of pharmacy. Please attach program, course outline, or syllabus. Full credit can NOT be awarded unless these are attached.

10. Is this program or course required as part of "on the job training"? Yes _____ No _____
11. Is this program or course required by the employer for continued employment? (e.g. OSHA training, JCAHO Infection Control, etc.) Yes _____ No _____
12. Was there a post-test? Yes _____ No _____
13. If the program or course was 3 or more hours in length, was there also a pre-test?
Yes _____ No _____*

Please note that by Board regulations, an automatic 25% will be deducted from the requested number of continuing education hours if pre-test and post-test requirements are not met.

14. Has this program or course been submitted to any other State Board of Pharmacy requiring mandatory pharmaceutical continuing education? Yes _____ No _____

If yes, where? _____

How many hours were awarded? _____ (Attach documentation from the other Board.)

15. In which of the following areas does this program or course apply to the contemporary practice of pharmacy? Please check all that apply.

___ Maintenance of proper pharmacy/patient records

___ Proper safe storage of drugs

___ Drug utilization and/or drug regimen review

___ Therapeutic drug selection and substitution of therapeutically equivalent drug products

___ Advice to patient (counseling) regarding drug therapy

___ Over the counter product recommendations

___ Monitoring of drug therapy to determine potential problems, combinations of medications ordered, or non-compliance with prescriber's orders

___ Teaching of pharmacy

___ Industrial practices relating directly to the practice of pharmacy

___ Administrative functions directly related to the practice of pharmacy

___ Proper compounding, dispensing, labeling, packaging, administration of medication

___ Pharmacology and Pharmacokinetics

___ Drug interactions (drug-drug, drug-food, drug-disease)

___ Other (please explain) _____

16. Signature of Applicant _____

Signature of Program Sponsor or Coordinator _____

(For Use of Board Office Only)

Approved _____

Disapproved _____

Hours Awarded _____

(Signature of Board Executive Secretary)

CRITERIA FOR APPROVAL OF INDIVIDUAL PROGRAMS

Individual programs must meet the criteria for provider approval in order to be considered.

In those cases where the provider is not an ACPE provider, nor a Board of Pharmacy certified provider, a registrant may complete an application provided by the Board for approval of individual programs.

The Council encourages registrants to apply for approval of those programs prior to the event. However, the Council will consider approval after participation provided that the application is received no later than sixty days after the date of the program. The Council will respond to the request for approval within sixty days prior to the end of the registration period. The number of continuing education hours credited may not equal the number of hours requested.

Approval of programs will be handled by letter.

Council will do random on-site monitoring of programs to see if they meet the standards.